

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007688

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1778

STATE FILE NUMBER

FILED FEB 23 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in lb
10 days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Tenn. b. COUNTY Madison

c. CITY OR TOWN Jackson

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis Little Rock
Hospitals, Inc.Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
409 ArlingtonReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Joseph Theophilous Allred4. DATE OF DEATH
Month Day Year
Feb. 11 19625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
4-11-18899. AGE (last birthday)
72IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Pensioned Conductor10b. KIND OF BUSINESS OR INDUSTRY
Railroad11. BIRTHPLACE (City and state or country)
Tennessee12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Cyrus E. Allred

13b. MOTHER'S MAIDEN NAME

Nora Leathers

14. NAME OF HUSBAND OR WIFE

Lousanna J. Allred

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Raymond Chambers Memphis, Tenn.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH
Few hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

Several years

DUE TO (c)

420.0 H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of Prostate

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 31, 1962 to Feb 11, 1962 and last saw him alive on Feb 10-62
Death occurred at 12.50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Benjamin H. Charles, 2. M.D.

22b. ADDRESS

1755 So Grand Ave

22c. DATE SIGNED

Feb 12 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal23b. DATE
2-13-6223c. NAME OF CEMETERY OR CREMATORY
Riverside Cemetery23d. LOCATION (City, town, or county) (State)
Jackson, Tennessee

24. FUNERAL DIRECTOR

ADDRESS

Lanier Funeral Home

Jackson Tenn

25. DATE RECD. BY LOCAL REG.

FEB 13 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

APR 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.